fractures of the face involving the lacrimal duct, low intranasal infections, and neoplasm of the wall of the antrum.

If the lacrimal sac has been removed, or destroyed by irradiation of an adjacent rodent ulcer, drainage into the nose can be re-established by means of a free mucous-membrane tube-graft from the inner canthus of the conjunctiva to the middle meatus of the nose (cantho-rhinostomy). The tube measures 1 by ½ in. (2.5 by 1.25 cm.) and is constructed from buccal mucosa: it passes through a stab incision at the inner canthus into the nose and is temporarily held in position by a catheter. Relief is obtained by this operation in over 60% of patients for whom there had previously been no relief except by removal of the lacrimal gland (adenectomy), an operation of doubtful value and of unpredictable result.

I wish to thank my colleagues at East Grinstead for their constant help and Mr. Robin Dale for providing the diagrams.

PERSONALITY CHANGES IN PITUITARY DISORDERS

PROFESSOR MANFRED BLEULER'S LECTURE

Under the auspices of the Institute of Psychiatry a lecture was given at Maudsley Hospital on February 14 by Professor Manfred Bleuler, of the University of Zurich, on the psychiatric and genetic aspects of acromegaloid conditions.

The knowledge of the psychopathology of pituitary conditions, said Professor Bleuler, was very incomplete. The literature contained many descriptions of isolated observations of mental derangement, but the conclusions drawn were often contradictory and confusing. A systematic survey of a large number of pituitary patients of psychopathic personality and the correlation of their behaviour with their endocrine make-up had never been attempted with modern psychiatric techniques. The psychiatrist as a rule saw only a small selection of pituitary cases. In his own psychiatric clinic during the last eight years a study had been made of 29 patients with acromegaly and 1,430 of their relatives, and of 107 patients with acromegaloid features and 8,022 of their relatives.

The Acromegaloid Personality

The occurrence of schizophrenic, manic-depressive, or epileptic psychoses with acromegaly had been seen only exceptionally. Among the relatives of the 29 acromegalic patients these three types of psychosis were no more frequent than in the average population of Switzerland. It was true, however, that persons with acromegaly were frequently mentally affected; they were quite often dull and apathetic, and a man who had been able and active in his early life might abandon all his former interests. A characteristic feature of pituitary disorder was a general slowing of psychological function: the trend of thought was apt to be pedantic, tiresome, circumferential, monotonous. He described one girl who had formerly been active and happy as having changed "from a busy bee to a slow snail." Nearly all acromegaloids lost their objective and altruistic interests and became egocentric and in the family group likely to be "bossy," tyrannical, and intolerant. Frequently there was mental disturbance of short duration but with a tendency to recurrence, irritable moods with outbursts of violent temper, or increased apathy and laziness. Patients had spells of forgetfulness, followed sometimes by intense awareness. One student who had not reacted for many months to an invitation to a psychiatric examination telephoned at 11 o'clock at night that he must come immediately for the interview. There were periods of unnatural hunger and thirst, frequently accompanied by headache. The patients themselves realized that their moods and impulses were strange, but they tended to enjoy their apathy, feeling themselves to be philosophers perched high above the storms and stresses which beset common men.

Lactogenic Hormone and Maternal Attitudes

The psychopathological features of Cushing's disease fitted into the description of the syndrome, though in Cushing's disease the mood-swings were more severe. In some rare cases of acromegaly it was possible to distinguish the psychological effect of a single pituitary hormone other than the growth hormone. The lactogenic hormone had a wider role than its name implied. It had an effect on somatic function and on instincts related to the care of the young. Professor Bleuler related the case of a police officer, a man of active and rather aggressive type, who had acromegaly in a mild form. At the age of 31 he noticed milk spouting from his breasts when he touched them, and on his relating this to someone the other made a foolish jest about maternity. The man's interests thereupon changed in the direction of the maternal, his male attitudes disappeared, he took care of his own infant like a nurse, and adopted two other small children. His personality change was such that his wife asked for a divorce. When the milk secretion was stopped by the administration of testosterone propionate his personality reverted to normal. It would be foolish to claim, nevertheless, that the lactogenic hormone was the cause of maternal feeling in the human. Maternity had much more to do with the whole personality than with the endocrine system. It was also developed by the sublimation of primitive impulses quite independently of the hormones.

In many endocrine diseases there seemed to exist an intelligible link between somatic and psychological derangement. In thyroid disease, for example, the metabolism was affected in the same way as the nervous and psychological activity. Acromegaloid derangement meant unnatural growth in many parts of the body, particularly those which had to do with the realization of instinctive urges, such as the lips and tongue, the genital organs, and the hands and feet. But one should not seek to explain the somatic condition by the psychological state, nor vice versa. Somatic and psychological manifestations were probably two sides of a single problem.

The endocrine changes in the acromegaloid were of the same kind as in acromegaly, but in much less degree. The pathological anatomy of the acromegaloid constitution had not yet been worked out in humans, but some correlation had been established between this constitution and the psychopathic personality with the somewhat apathetic and irresponsible attitude, the characteristic short mood-swings, and the occasional hunger and thirst of a pathological kind.

Voltaire's Behaviour

The lecturer cited Voltaire (1694–1778), whose influence on his century had been outstanding, as an acromegaloid personality. His features and the contemporary descriptions of his appearance suggested this. He was a man of extreme contradictions. Throughout his life he suffered from spells of complete loss of emotional control, giving himself over to vanity, vengeance, foolish generosity, and childish fears, his behaviour often presenting a striking contrast to his usual humane attitude. He was accustomed to wreaking childish mischiefs even after he had attained world-wide fame. Some of his exploits recalled those of a child after encephalitis. On one occasion he pretended to be dying in order to make fun of the priest who administered the sacrament. He was subject to moods, sentimentality, and hypochondriasis. At times it might have been supposed that he was possessed by diabolic spirits. As a whole Voltaire's personality fitted well into the acromegaloid syndrome.

The psychopathology of the acromegaloid constitution, said Professor Bleuler in conclusion, was essentially the same as that found in ordinary acromegaly, but was not complicated by intracranial changes. Some forms of psychopathological behaviour, he added, were genetically related to endocrine disturbances notwithstanding a possible lack of confirmatory physical findings.

Nova et Vetera

HENDRIK VAN DEVENTER (1651–1724)

Hendrik van Deventer, born three centuries ago, on March 16, 1651, was a self-made man who, without formal education or academic degree, achieved international fame as an orthopaedic surgeon and obstetrician. The son of a goldsmith, he was apprenticed to a goldsmith until the age of 17, and, after studying pharmacy and a little medicine in Germany, practised surgery at Wiwerd, in Friesland. Such was his reputation in orthopaedics that in 1688 he was summoned to treat two children of the King of Denmark.

His desire to practise obstetrics at The Hague, city of his birth, was frustrated by his complete ignorance of Latin. By special dispensation, however, he obtained the M.D. Groningen, but, as this was not at first recognized by The Hague, he bought a house in Voorburg, which he made into an orthopaedic hospital and to which patients were attracted from other lands. When he was eventually allowed to practise in his native city he specialized in obstetrics.

Van Deventer, "Father of Modern Midwifery," was the first to give a clear description of the female pelvis and to classify its abnormalities, recognizing the generally contracted and the simple flat types. He advocated the carrying out of expectant treatment as long as possible, and deprecated premature and unnecessary instrumentation. The term "placenta praevia" was first used by him. His *Operationes Chirurgicae Novum Lumen Exhibentes Obstetricantibus* (Leyden, 1701) went through many editions and was translated into several languages. The first English edition, *The Art of Midwifery Improv'd*, appeared in 1716. For a century and a half it enjoyed the reputation of being the most lucid, useful, and practical book for midwives. Van Deventer died on December 12, 1724. A stamp with his portrait was issued by the Netherlands in 1947.

W. R. BETT.

The dental school at Guy's Hospital opened its doors on March 3 to a gathering of 400 past students and proceeded to make them envious of their successors. The school has made remarkable progress during the post-war years. In the photographic department visitors inspected a camera designed by the department's photographer, known as the Dyce deep-focus camera, for photographing small areas and deep recesses. The pictures are taken with 1/10,000th second exposure by means of electronic flash tubes fitted on each side of the lens, the camera itself being incorporated in the dental chair. The conservation department has been extended, and there are now nearly 160 chairs. In the children's department the work is carried on in conjunction with the hospital's upper respiratory research unit, and the children are investigated thoroughly from a general health as well as from a regional point of view. A film is taken of each case before and at various stages during treatment, which consists in realigning the teeth and re-educating the facial musculature. Close liaison is maintained between the orthodontic, speech therapy, ear, nose, and throat, paediatric, and social welfare departments of the hospital. A full programme of demonstrations was carried out during the day in the theatres, the preclinical and clinical departments, and the department of preventive dentistry.

Reports of Societies

PULMONARY HEART DISEASE

A meeting of the Section of Medicine of the Royal Society of Medicine was held on February 27 to discuss "Pulmonary Heart Disease." Dr. C. E. LAKIN was in the chair.

Dr. EVAN BEDFORD opened the discussion with a review of the causes and types of pulmonary heart disease. Causes of acute cor pulmonale included massive pulmonary embolism and rupture of an aortic sinus or aneurysm into the pulmonary artery. He divided chronic pulmonary heart disease into six main types: those due to chronic disease of the lung; advanced kyphoscoliosis; conditions giving rise to an increased pulmonary blood flow—for example, atrial septal defect, ventricular septal defect, and patent ductus; mitral stenosis; known forms of obliterative endarteritis, such as recurrent thrombo-embolism, miliary malignant embolism, or widespread malignant infiltration along perivascular lymphatics, bilharzia, and rheumatic and syphilitic arteritis; and, lastly, primary pulmonary hypertension of unknown aetiology.

Importance of Emphysema

Emphysema was regarded as the most frequent cause of chronic cor pulmonale resulting from diseases of the lung. The importance of superimposed bronchial infection and of bronchial spasm in precipitating attacks of heart failure was emphasized. Dr. Bedford then referred to Ayerza's disease and showed a reproduction of the title-page of Arrillaga's thesis published in 1912. The subject of this thesis was sclerosis of the pulmonary arteries secondary to chronic lung diseases. He said that Arrillaga described what we now called chronic pulmonary heart disease secondary to diseases of the lung, and did not emphasize syphilis. Arrillaga gave priority to Ayerza, who had discussed the "black cardiac" in two clinical lectures. Ayerza did not mention syphilis. Bilharzial endarteritis was secondary to blocking of the arterioles with ova, and a photomicrograph was shown illustrating the characteristic angiomatoid formation around the occluded and often recanalized vessels. The arterial obstruction associated with malignant disease might be from miliary emboli or from an arteritis set up by malignant cells in the perivascular lymphatics. The well-known features of primary pulmonary hypertension were then described. A reference was made to the occasional occurrence of angina pectoris in chronic cor pulmonale, and it was thought that this might be due to anoxia. This type of angina was first mentioned by Posselt in 1909, and later by Argentine writers. In differential diagnosis, mitral stenosis, atrial septal defect, and idiopathic dilatation of the pulmonary artery had to be excluded especially. Finally, the meeting was reminded that many patients with emphysema also had hypertension or disease of the coronary arteries, so that many cases had a mixed pathology.

Professor E. SHARPEY-SCHAFER said that by far the most important cause of pulmonary heart disease was emphysema, and he proposed to restrict his remarks to this group. With Professor J. McMichael he had shown that the cardiac output was frequently raised in these cases.

It was now known (from the work of Liljestrand, in Sweden, and of Cournand, in the U.S.A.) that the pulmonary blood pressure rose sharply as a result of induced anoxia, and that in cyanotic cases of pulmonary heart disease the arterial oxygen dropped considerably on effort. He then presented data on the effects of posture on peripheral blood flow and on changes in the circulation which result from violent coughing. Comment was made on the occasional ill effects of oxygen-tent therapy. There